STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Cinde V	/armington		
II. Name of lobbyist's partnership, fir	m or corporation, if any:		
Shaheen & Gordon, P.	A.		
(Name of partnership, fir	m or corporation)		
107 Storrs Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(60)3 225-7262 (Telephone)	(603) 225-5112 (Fax)	e-mail_ <u>Cwarm</u>	ington@shaheengordon.com
III. This statement covers: (Choose or reportable expense transactions which			ay file a separate report for
C. All reportable transactions occurring	in the months prior to the re	porting date relative to t	he following client:
Massachusetts Gener	al Hospital		
	ent as it appears on the Lobbyist	Registration Form)	
OR ☐XAll reportable transactions by the lob unrelated to any particular client.	byist (including the lobbyist'	s family), or the lobbyin	g firm listed below which are
-motatou to unit partious. Onom.			
IV. Date of Report April 24, 2019 Reports cover: activity from date of regi		July 31, 2019	9
October 30, 20 activity from 7/1/19		January 29, 2020 [] tivity from 10/1/19 to 12/3	1/19
V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.			
VI. Check if additional reports are att	ached:		
☐X If you have received fees or made ex		Idendum A- Fees and E	Expenses
 If you have paid an honorarium or re Expense Reimbursement 			
☐ If you, your firm, or your family has	made political contributions	, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobl I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowled	-C and RSA 664 and hereby	swear or affirm that the	
(Signature of lobbyist)		(Da	
Cinde Warmington			RECEIVED
(Print Name of lobbyist)			APR 2 4 2019
		[,	NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Cinde Warmington	
II. Name of lobbyist's partnership, firm or corporation, if any: Shaheen & Gordon, P.A.	
(Name of partnership, firm or corporation) Massachusetts General Hospita	l April 24, 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ b) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of all de: meals purchased during a business ss than \$10 that is given to the persor and with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	-0- b)\$ c)\$\$50.00
c) Total of all itemized expenditures reported in detail in section VI.	c)\$\$50.00

d) Total expenses for this reporting period	d) \$	\$50-00
(Add lines a, b and c)		-0-
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	
f) Total of all expenses year to date	f) \$	\$50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fee	s during this reporting
Paid to: NH Secretary of State for 2019 Lobbyist Registration Fee	Amount:	\$50.00
Sworn Statement/Affirmation by Lobbyist	41441 6	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the r	oregoing information
Cude 3/6 /2	Apr	il 24, 2019
(Signature of loboyist)	(Date)
Cinde Warmington		
(Print Name of lobbyist)		

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